CLAIMS ONLY

SERIAL NO.

FILING DATE

DEP.

APPLICANT(S)

CLAIMS

			AF	TER	AF	TER
		FILED	1st AME	NDMENT	2nd AME	NDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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2		7		ļ		
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8		17				1
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13		17	1	1		
14		17		1	<u> </u>	1
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TOTAL IND.	2/-	1		3		
TOTAL DEP.	45	424	 			488
DEP.		330 M PA	 			
TOTAL CLAIMS	40	(4)22	L	4×14.	<u></u>	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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